



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>8-5130</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>06/05/2012</b>
NAME OF PROVIDER OR SUPPLIER: <b>PPSP SURGICAL LOCUST STREET HEALTH CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>1144 LOCUST STREET PHILADELPHIA, PA 19107</b>		
STATE LICENSE NUMBER: <b>00238701</b>				
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S 033H	Continued from page 1  553.3 (8) Governing Body Responsibilities  553.3 Governing Body responsibilities include: (8) Establishing personnel policies and practices which adequately support sound patient care to include, the following:  This REGULATION is not met as evidenced by:	S 033H	The effective date for this regulation is June 19, 2012, and the survey took place on June 5, 2012. PPSP Surgical Locust has taken the following steps to ensure compliance:  PPSP's Vice President for Organizational Development will develop a policy requiring that proper documentation of the three background checks be maintained in personnel files for every employee hired after July 1, 2008. PPSP's Director of Human Resources will conduct an audit every September to ensure compliance.	Completion Date: <b>07/13/2012</b> Status: <b>APPROVED</b> Date: <b>07/16/2012</b>

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S 033H	Continued from page 2  Based on review of the Child Protective Services Law, facility documents, personnel files (PF) and interview with staff (EMP), it was determined the facility failed to ensure processes were in place to meet the requirements for background checks as required by Act 179 of 2006 and Act 73 of 2007.  Findings include:  "The Child Protective Services Law (CPSL), 23 Pa.C.S. § 6344.2 and 6344(b) requires that employees hired after July 1, 2008, who have a significant likelihood of regular contact with children in the form of care, guidance, supervision or training must obtain three background checks as condition of employment. Pennsylvania State Police Clearance, Department of Public Welfare (DPW) Childline Clearance and Federal (FBI) Criminal Background Check."  A review on June 4, 2012, of personnel files revealed no documentation that three background checks were conducted for any of the employees.	S 033H		

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S 033H	Continued from page 3  An interview conducted on June 4, at 1:30 PM with EMP1 confirmed that the facility performs surgery on pediatric patients and that there was no documentation that all three background checks were conducted on any of the employees.	S 033H		
S 3240		S 3240		

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S 3240	Continued from page 4  553.24 Discharge of a Minor or Incompetent Patient  553.24 Discharge of a minor or incompetent patient.  An individual who cannot legally consent to his own care shall be discharged only to the custody of parents, legal guardian, person standing in loco parentis or responsible person unless otherwise directed by the parent or guardian or court of competent jurisdiction. If the parent or guardian directs that discharge be made otherwise, he shall so state in writing, and the statement shall become a part of the permanent medical record.  This REGULATION is not met as evidenced by:	S 3240	The effective date for this regulation is June 19, 2012, and the survey took place on June 5, 2012. PPSP Surgical Locust has taken the following steps to ensure compliance:  The following policy was added to the Patient Services Policy & Procedure Manual and to the Abortion Policy Manual (APM) on June 19, 2012:  Minors with a parent's consent will be discharged pursuant to the consenting parent's direction, and minors with a judicial bypass will be discharged pursuant to the bypass order's direction. If the bypass order provides no direction about the minor's discharge, the minor will be discharged into the care of the person who accompanied her to the facility, unless the minor patient did not receive sedation and came to the facility alone, in which case she may be discharged independently.  PPSP's Manager for Center Quality is responsible for ongoing compliance,	Completion Date: <b>06/19/2012</b> Status: <b>APPROVED</b> Date: <b>07/16/2012</b>

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S 3240	Continued from page 5  Based on review of facility policies and interview with staff (EMP), it was determined the facility failed to provide a written policy for discharge of an incompetent patient.  Findings include:  A review on June 4, 2012, of facility policies revealed no policy that addressed the discharge of an incompetent person.  An interview conducted on June 4, 2012, at 11:00 AM with EMP1 confirmed that the facility did not have a policy that addressed the discharge of an incompetent patient.	S 3240	and will test compliance with an annual "Discharge of Minor Patients" audit.	
S 6126		S 6126		

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S 6126	Continued from page 6  561.13 Storage  561.13 Storage  The area in the ASF where drugs are stored shall be periodically checked by a responsible pharmacist or practitioner and proper logs maintained.  This REGULATION is not met as evidenced by:	S 6126	The effective date for this regulation is June 19, 2012, and the survey took place on June 5, 2012. PPSP Surgical Locust has taken the following steps to ensure compliance:  Our registered nurses and nurse anesthetists will continue to maintain the drug inventory and signed the drug logs. PPSP's Surgical Locust Center Manager will ensure ongoing compliance. In addition, the following statement was added on June 19, 2012 to the Patient Services' Policy & Procedure Manual and to the Abortion Policy Manual:  The area in the ASF where drugs are stored shall be periodically checked by a responsible pharmacist or practitioner and proper logs maintained.	Completion Date: <b>06/19/2012</b> Status: <b>APPROVED</b> Date: <b>07/16/2012</b>

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S 6126	Continued from page 7  Based on review of facility documentation, observation and interview with staff (EMP), it was determined the facility failed to ensure that drugs were checked periodically by a pharmacist or practitioner.  Findings include:  A review on June 4, 2012, of facility documentation revealed the logs for periodic checks of stored drugs were not signed by a pharmacist or practitioner.  An interview conducted on June 4, 2012, at 11:30 AM with EMP1 confirmed that the log of periodic checks of stored drugs was not signed by a pharmacist or practitioner.	S 6126		
S 636A		S 636A		



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S 636A	Continued from page 8  563.6 (a) Preservation of Medical Records  563.6 Preservation of medical records  (a) The facility shall have a written policy regarding the retention of records. Medical records whether original, reproductions or microfilm, shall be kept on file for a minimum of 7 years following the discharge of patient.  This REGULATION is not met as evidenced by:	S 636A	The effective date for this regulation is June 19, 2012, and the survey took place on June 5, 2012. PPSP Surgical Locust has taken the following steps to ensure compliance:  The Patient Services Policy & Procedure Manual addresses the retention of records as follows:  For inactive clients – archived after 2 years of inactivity and kept for a minimum of 7 years, or longer if required by state law or regulations. Client records shall be considered active and will be maintained at the clinic site if the client has received services within the past two years. Client records shall be considered inactive and will be stored off-site if the client has not received services for more than two years. Inactive charts should be purged annually for archiving.  For minors - archived after 2 years of inactivity and kept until the age of majority, plus 7 years, or longer if required by state law or regulations	Completion Date: <b>06/19/2012</b> Status: <b>APPROVED</b> Date: <b>06/29/2012</b>

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S 636A	Continued from page 9  Based on review of facility documentation and interview with staff (EMP), it was determined the facility failed to have a written policy regarding the retention of medical records.  Findings include:  A review on June 5, 2012, of facility policies and procedures revealed no evidence of a written policy regarding the retention of medical records.  An interview conducted on June 5, 2012, at 12:45 PM, with EMP1 confirmed the facility did not have a written policy regarding the retention of medical records.	S 636A	This policy was added to the Abortion Policy Manual on June 19, 2012.	
S 6400		S 6400		

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S 6400	Continued from page 10  563.10 Ownership  There shall be written policies and procedures which specify who has access to medical records, under what conditions records may be removed from the ASF, and under what conditions medical record information may be released. Medical records are the property of the ASF, and they may not be removed from the premises except for court purposes. Copies may be made available for authorized purposes, such as insurance claims and practitioner review.  This REGULATION is not met as evidenced by:	S 6400	The effective date for this regulation is June 19, 2012, and the survey took place on June 5, 2012. PPSP Surgical Locust has taken the following steps to ensure compliance:  The Patient Services Policy & Procedure Manual addresses the access, removal and release of patient records and medical record information in great detail, including, "charts shall be secured by lock when unattended by personnel." The policy on medical records security and release was added to the Abortion Policy Manual on June 19, 2012, and is intended to address both planned and emergency situations when the records are not attended by personnel.	Completion Date: <b>06/19/2012</b> Status: <b>APPROVED</b> Date: <b>06/29/2012</b>

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S 6400	Continued from page 11  Based on review of facility policies and procedures, and interview with staff (EMP), it was determined the facility failed to have a written policy to specify who has access to medical records, under what conditions records can be removed from the ASF, and under what conditions medical record information may be released.  Findings include:  A review on June 5, 2012, of policies and procedures revealed there was no policy regarding a written policy to specify who has access to medical records, under what conditions records can be removed from the ASF, and under what conditions medical record information may be released.  An interview conducted on June 5, 2012, at 12:30 PM with EMP1 confirmed the facility did not have a written policy to address who has access to medical records, under what conditions records can be removed from the ASF, and under what conditions medical record information may be released.	S 6400		

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S 6747		S 6747		

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S 6747	Continued from page 13  567.43 Ventilation System  The ventilation system shall be inspected and maintained in accordance with the written maintenance schedule to ensure that a properly conditioned air supply meeting minimum filtration, humidity and temperature requirements is provided in critical areas such as the surgical and recovery suites under Chapter 571 (relating to construction standards).  This REGULATION is not met as evidenced by:	S 6747	The effective date for this regulation is June 19, 2012, and the survey took place on June 5, 2012. PPSP Surgical Locust has taken the following steps to ensure compliance:  Equipment is maintained properly, inspected twice a year and Filters are changed every 4 to 6 months. A log was created and disseminated for documenting HVAC filter changes. Contract will be amended by July 13, 2012 to ensure documentation of compliance.  Thermometers and hygrometers were purchased and installed on June 20, 2012. Log was created and is in use as of June 21, 2012.  The following was added to the Abortion Policy Manual on June 19, 2012:  The ventilation system shall be inspected, maintained, set and monitored in accordance with federal, state and local regulations and the written maintenance	Completion Date: <b>07/13/2012</b> Status: <b>APPROVED</b> Date: <b>07/16/2012</b>

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S 6747	Continued from page 14	S 6747	<p>schedule to ensure that a properly conditioned air supply meeting minimum filtration, humidity and temperature requirements is provided in critical areas.</p> <p>Filters will be changed or cleaned a minimum of every six months. Filter changes will be documented on the Heating and Cooling System Maintenance Log. Air temperature and humidity will be monitored in the procedure rooms and will be recorded on the log prior to the commencement of each surgical abortion procedure.</p> <p>PPSP's Director of Facilities is responsible for the ongoing compliance of this regulation.</p>	

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S 6747	Continued from page 15  Based on review of facility documents and interview with staff (EMP), it was determined the facility failed to ensure the ventilation system was inspected and maintained in accordance with the written maintenance schedule to ensure that a properly conditioned air supply in critical areas of the facility.  Findings include:  A review on June 4, 2012, of facility documents revealed no policy regarding monitoring the temperature and humidity levels in the operating rooms and post anesthesia care unit.  Observation on June 4, 2012, of operating rooms 1 and 2 and the recovery room revealed no provision for monitoring temperature and humidity levels.  An interview conducted on June 4, 2012, at 2:00 PM with EMP2 confirmed there was no documentation of a procedure for the maintenance of the ventilation system or for monitoring the temperature and humidity levels in the operating	S 6747		



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S 6747	Continued from page 16	S 6747		
S 6906	rooms and post anesthesia care unit.  569.13 Testing Fire Warning Systems  569.13 Testing Fire Warning Systems  Fire safety systems, including automatic fire extinguishing systems, automatic and manual alarms, stand pipes and hose reels shall be of an approved type. They shall be kept in good operating condition and inspected by qualified ASF personnel at least every 3 months. Records of the inspections shall be kept on file for the licensure period.  This REGULATION is not met as evidenced by:	S 6906	The effective date for this regulation is June 19, 2012, and the survey took place on June 5, 2012. PPSP Surgical Locust has taken the following steps to ensure compliance:  Fire safety systems/life safety systems are inspected regularly by qualified Facilities Department staff and annually by outside qualified inspection/service companies. A log was created so quarterly and annual inspections can be recorded in a manual system.  PPSP's Director of Facilities is responsible for the ongoing compliance of this regulation, and will audit compliance annually.	Completion Date: <b>06/19/2012</b> Status: <b>APPROVED</b> Date: <b>07/16/2012</b>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>8-5130</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>06/05/2012</b>
NAME OF PROVIDER OR SUPPLIER: <b>PPSP SURGICAL LOCUST STREET HEALTH CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>1144 LOCUST STREET PHILADELPHIA, PA 19107</b>		
STATE LICENSE NUMBER: <b>00238701</b>				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
S 6906	Continued from page 17  Based on review of facility documentation and interview with staff (EMP), it was determined the facility failed to ensure that automatic fire extinguishing systems, automatic and manual alarms were inspected by qualified ASF personnel at least every three months and records of the inspection were kept on file.  Findings include:  A review on June 4, 2012, of facility documents revealed no procedure for the provision of inspections of automatic fire extinguishing systems, automatic and manual alarms by qualified personnel least every three months or records of inspections kept on file.  An interview conducted on June 4, 2012, at 1:30 PM with EMP1, confirmed that facility personnel did not conduct inspections of automatic fire extinguishing systems, automatic and manual alarms every three months or keep documentation of inspections on file.	S 6906		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>8-5130</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>06/05/2012</b>
NAME OF PROVIDER OR SUPPLIER: <b>PPSP SURGICAL LOCUST STREET HEALTH CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>1144 LOCUST STREET PHILADELPHIA, PA 19107</b>		
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S 6907	<p>569.14 Internal Disaster and Fire Plans</p> <p>569.14 Internal Disaster and Fire Plans</p> <p>The ASF shall have an internal disaster and fire plan incorporating evacuation procedures and the safety of both closed records and the records of those patients being evacuated. These plans shall be made available to personnel and evacuation diagrams shall be posted throughout the ASF.</p> <p>This REGULATION is not met as evidenced by:</p>	S 6907	<p>The effective date for this regulation is June 19, 2012, and the survey took place on June 5, 2012. PPSP Surgical Locust has taken the following steps to ensure compliance:</p> <p>Surgical Locust will revise its existing policies on fire evacuation, bomb threat evacuation and bomb evacuation to include language on the protection of medical records for current and other patients.</p> <p>PPSP's Surgical Locust Center Manager is responsible for ongoing compliance of this regulation, and will audit compliance annually.</p>	<p>Completion Date: <b>07/13/2012</b></p> <p>Status: <b>APPROVED</b></p> <p>Date: <b>07/16/2012</b></p>

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STATE LICENSE NUMBER: <b>00238701</b>				
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S 6907	Continued from page 19  Based on review of facility documents and interview with staff (EMP), it was determined the facility failed to ensure the internal disaster and fire plan incorporated evacuation procedures and the safety of both closed medical records and the records of those patients being evacuated.  Findings include:  A review on June 4, 2012, of the facility's internal disaster and fire safety plan revealed no documentation the facility incorporated evacuation procedures for the safety of both closed medical records and the records of those patients being evacuated.  A interview conducted on with EMP1 on June 4, 2012, at 2:15 PM with EMP1 confirmed the facility's internal disaster and fire safety plan did not contain documentation the facility incorporated evacuation procedures for the safety of both closed medical records and the records of those patients	S 6907		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>8-5130</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>06/05/2012</b>
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S 6907	Continued from page 20  being evacuated.	S 6907		
S 6916	569.32 Fire Inspection  569.32 Fire Inspection  The ASF shall request an annual inspection by its local fire department.  This REGULATION is not met as evidenced by:	S 6916	The effective date for this regulation is June 19, 2012, and the survey took place on June 5, 2012. PPSP Surgical Locust has taken the following steps to ensure compliance:  A letter to the Philadelphia Fire Department requesting an annual inspection was sent on June 14, 2012. On July 12, 2012 the Fire Department will be able to schedule their 2012 visit. A policy for requesting annual inspection by the local fire department will be developed.  PPSP's Director of Facilities is responsible for the ongoing compliance of this regulation, and requesting our annual inspection.	Completion Date: <b>07/13/2012</b> Status: <b>APPROVED</b> Date: <b>07/16/2012</b>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>8-5130</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>06/05/2012</b>
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S 6916	Continued from page 21  Based on review of facility documentation and interview with staff (EMP), it was determined the facility failed to request an annual inspection by the local fire department.  Findings include:  A review on June 4, 2012, of facility documentation revealed no procedure for requesting an annual inspection by the local fire department.  An interview conducted on June 4, 2012, at 2:30 PM with EMP1 confirmed the facility did not request an annual inspection by the local fire department.	S 6916		
S 7100		S 7100		

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S 7100	Continued from page 22  571.1 CHAPTER 571 - Construction Standards  571.1 Minimum Standards  ASF construction shall be in accordance with the latest edition of the "Guidelines for Design and Construction of Hospital and Health Care Facilities," as published by the American Institute of Architects/Academy of Architecture for Health including those guidelines established for various outpatient facilities. In the alternative, a facility shall meet the construction guidelines for specified types of surgical procedures as listed in appendix A. Where renovation or replacement work is performed within an existing facility, all new work or additions shall comply with the requirements for new construction.  This REGULATION is not met as evidenced by:	S 7100	The effective date for this regulation is June 19, 2012, and the survey took place on June 5, 2012. PPSP Surgical Locust has taken the following steps to ensure compliance:  PPSP's architect has conferred with a representative of the Division of Safety Inspection about this regulation at length. PPSP is in the process of conferring with its architect to discuss possible feasible alterations to the Surgical Locust health center to satisfy the requirements for these items. PPSP's architect will engage in further conversations with the Division of Safety Inspection upon the development of an acceptable solution. PPSP Surgical Locust intends to seek limited exceptions from the Guidelines as necessary in furtherance of a renovation or alteration that is agreeable to the Division of Safety Inspection.  PPSP's architect has conferred with a representative of the Division of Safety Inspection about this	Completion Date: <b>07/13/2012</b> Status: <b>APPROVED</b> Date: <b>06/29/2012</b>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>8-5130</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>06/05/2012</b>
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S 7100	Continued from page 23	S 7100	<p>regulation at length. PPSP Surgical Locust intends to seek exceptions to the Guidelines requirements of minimum operating room sizes.</p> <p>PPSP Surgical Locust is in the process of conferring with its architect to discuss possible options for installing cubicle curtains for patient privacy, and will have further conversations with the Division of Safety Inspection upon further planning related to this item.</p> <p>PPSP's architect has conferred with a representative of the Division of Safety Inspection about this regulation at length. PPSP sought an exception to the requirement that hands-free scrub sinks be outside the procedure room on April 30, 2012, and the Department deferred decision on that request by letter dated June 1, 2012. PPSP Surgical Locust intends to submit further information to the Department in support of its pending exception request.</p>	



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S 7100	Continued from page 24  1) The current edition of Guidelines for Design and Construction of Hospital and Health Care Facilities, 3.1-3.4.3.5 Special design elements indicates, "(1) Architectural details (a) The ceiling shall be monolithic" and (b) "The floor shall be smooth, with sealed seams".  Observation on June 4, 2012 of Operating Rooms 1 & 2 revealed ceilings that were not monolithic and the floors did not have sealed seams.  An interview conducted on June 4, 2012, at 2:15 PM with EMP2 confirmed that the ceilings were not monolithic and the floors did not have sealed seams.  _____  2) The current edition of Guidelines for Design and Construction of Hospital and Health Care Facilities, 3.7-3.3.1.3 Class B Operating Rooms indicates, "Class B operating rooms shall have a minimum clear floor area of 250 square feet (23.23 square	S 7100		

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S 7100	Continued from page 25  meters) with a minimum clear dimension of 15 feet (4.57 meters)."  Observation on June 4, 2012, of Operating Room 1 revealed an approximate room size of 140 square feet. The room was not in compliance with the required guidelines of 250 square feet.  Observation on June 4, 2012, of Operating Room 2 revealed an approximate room size of 144 square feet. The room was not in compliance with the required guidelines of 250 square feet.  An interview conducted on June 4, 2012, at 2:15 PM with EMP2 confirmed that the size of the two operating rooms was not 250 square feet.  _____  3) The current edition of Guidelines for Design and Construction of Hospital and Health Care Facilities, 3.8-3.4.2.2 indicates "Cubicle curtains or other provisions for privacy during post-operative care	S 7100		

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S 7100	Continued from page 26  shall be provided."  Observation on June 4, 2012, of the recovery room revealed nine recliner chairs for post operative care. There were no cubicle curtains for privacy between the nine recliner chairs.  An interview conducted on June 4, 2012, at 2:30 PM with EMP2 confirmed that the recliner chairs in the recovery room did not have cubicle curtains for privacy.  _____  4) The current edition of Guidelines for Design and Construction of Hospital and Health Care Facilities, 3.8-3.6.5.1 indicates "Hands-free scrub station(s) shall be provided outside of but near the entrance to each operating room".  Observation on June 4, 2012, of Operating rooms 1 & 2 revealed no hands-free scrub sinks outside the rooms.	S 7100		

Pennsylvania Department of Health

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S 7100	Continued from page 27  An interview conducted on June 4, 2012, at 2:15 PM with EMP2 confirmed that hands-free scrub sinks were not located outside the operating rooms.	S 7100		



# Certified End Page

**PPSP SURGICAL LOCUST STREET HEALTH CENTER**

**STATE LICENSE NUMBER: 00238701**

**SURVEY EXIT DATE: 06/05/2012**

**I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey**

Handwritten signature of Susan Coble in cursive.

*Susan Coble*  
*Deputy Secretary for Quality Assurance*

Handwritten signature of Rachel L. Levine, MD in cursive.

*Rachel L. Levine, MD*  
*Secretary of Health*



THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY